

ALASKA

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Types of Facilities

Mental Health (MH): Alaska regulates Crisis Stabilization Facilities where a person may be detained for no more than 72 hours and which provide crisis stabilization. No other regulated MH residential treatment facility types were identified.

Substance Use Disorder (SUD): Alaska regulates Clinically Managed Residential Services, in accordance with ASAM levels of low-, medium- and high-intensity. Each level corresponds to hours of clinical services delivered per week and varies by specification of treatment requirements.

Alaska also regulates alcohol and drug detoxification services in a residential setting as either clinically managed residential detoxification or medically monitored residential detoxification.

Unregulated Facilities: If there are MH residential treatment facilities other than Crisis Stabilization Facilities, they are unregulated.¹ SUD facilities not paid or under contract to DHSS are subject to limited regulation.

Approach

The Alaska Department of Health and Social Services (DHSS) regulates Crisis Stabilization Facilities as evaluation facilities under the civil commitment statutes and regulates the SUD residential facilities under its Behavioral Health Services regulations. Alaska has different regulatory requirements for facilities depending on whether they receive money from DHSS. All requirements apply to those MH and SUD facilities receiving funding. For SUD residential facilities not receiving funding, more limited requirements apply.

¹ As noted in the Medicaid portion of this summary, the Section 1115 waiver includes Adult Mental Health Residential (AMHR) Services, which are not included in the Alaska licensing regulations or identified in the state Medicaid regulations. It is unclear if they yet exist.

Processes of Licensure or Certification and Accreditation

Mental Health (MH): Crisis Stabilization Facilities must apply for designation with DHSS in order to operate in Alaska (for those paid by or under contract to DHSS).

- Facilities must be accredited by either the Joint Commission, Council on Accreditation, or Commission on Accreditation of Rehabilitation Facilities. Alternative accreditation can be requested.
- Researchers did not find regulation regarding need for inspection, although the Section 1115 Medicaid waiver indicates, as background, that it is required at the initial request for designation.
- A Certificate of Need is required for operation.
- Designation is applied for annually, and the application focuses on proof of accreditation, completion of a certification of compliance, and provision of information about the facility's policies and procedures.

Substance Use Disorder (SUD): Facilities require approval by DHSS for operation.

- To gain approval, facilities must meet regulatory requirements and be accredited or working towards accreditation. Facilities must be accredited by either the Joint Commission, Council on Accreditation, or Commission on Accreditation of Rehabilitation Facilities. Alternative accreditation can be requested.
- If the facility is accredited, the approval lasts as long as the accreditation. If not accredited, Division Staff complete a full review to determine if the facility meets provisional requirements which can last from 6 months to 2 years.
- Researchers did not find regulation regarding need for inspection, although the Section 1115 Medicaid waiver indicates, as background, that it is required at the initial request for designation.
- A Certificate of Need is required for operation of the nondetoxification residential facilities.

Cause-Based Monitoring

The DHSS performs ongoing monitoring of short-term Crisis Stabilization Facilities and SUD residential treatment facilities. In both cases, DHSS reviews information provided by the facility and is empowered to take corrective action. Designation may be reconsidered or revoked.

Requirements for inspections were not located but the state's Section 1115 waiver indicates, as background, the department will inspect for cause.

Access Requirements

Wait-time requirements were not found.

Staffing

Mental Health (MH): Licensed professionals are not specified. An administrator is required for operation. While the administrator's qualifications are not detailed, the administrator is responsible for ensuring staff members receive training to appropriately interact with patients, and that staff are qualified to handle the protection, security and observation of patients.

Substance Use Disorder (SUD): For each intensity level specified (low, medium or high), services must be provided by specified professionals, including: substance use disorder counselor, behavioral health clinical associate, mental health professional clinician, physician, physician assistant (PA), or advanced nurse practitioner (APN); registered nurses and licensed practical nurses are also allowed to provide services when supervised. For detoxification facilities, staff must further be certified in cardiopulmonary resuscitation and basic first aid, and if not a physician, PA or APN work under their supervision, and be able to perform the functions necessary for the job. Additionally, detoxification may be provided by a SUD counselor or behavioral health clinical associate.

Placement

Mental Health (MH): Assessment may occur after placement. A determination of appropriateness must be made. Civil commitment regulations require emergency examinations, including a physical examination conducted by a physician and a mental health evaluation conducted by a mental health professional. The latter must include a determination of whether the person meets criteria for involuntary commitment.

Substance Use Disorder (SUD): Medical necessity is required according to ASAM criteria placement requirements and a SUD intake assessment must be completed at admission. In addition, a medical evaluation must be completed at admission for clinically managed residential detoxification and within 24 hours for medically monitored residential detoxification.

Treatment and Discharge Planning and Aftercare Services

Mental Health (MH): The administrator of the facility must ensure that “discharge plans are initiated early in the evaluation or treatment process and that the facility provides stabilization, establishes diagnoses, and initiates care with the goal of permitting the patient's early return to the community for follow-up care; discharge planning at an evaluation facility includes determining whether a patient should be released or transferred to a treatment facility, and whether the patient needs medication.”

Substance Use Disorder (SUD): All residential substance use treatment facilities and detoxification facilities are required to develop written comprehensive individualized treatment and discharge plans.

Treatment Services

Mental Health (MH): Crisis stabilization should be individualized and include the administration of medication and provision of structure, observation, support, case management, or discharge planning for a person subject to voluntary or involuntary admission for treatment.

Substance Use Disorder (SUD): For residential services, the following must be offered: (1) life skills development designed to restore or improve the recipient's overall functioning relative to the recipient's substance use disorder; (2) counseling to promote successful initial involvement in regular productive daily activity, including going to work or school, and successful reintegration into family living; (3) motivational and engagement strategies appropriate to the recipient's treatment plan; (4) medication administration services; (5) referrals to other agencies, as needed; (6) discharge or transfer planning; (7) comprehensive community support services; (8) crisis or relapse prevention planning; (9) management of a recipient's chronic disease, if medically necessary and clinically appropriate; (10) urinalysis and breathalyzer testing to reinforce treatment gains as appropriate to the treatment plan; (11) development of a social network that is supportive to recovery; (12) services provided to the recipient's family and significant other to support recovery and prevention; (13) didactic motivational interventions to assist the recipient in understanding the relationship between substance use disorder and attendant life issues; and (14) development of coping skills in the recovery environment.

Detoxification services must provide at least three of the following: (1) medication administration services; (2) referrals to other behavioral, medical, social, or educational agencies, as needed; (3) discharge or transfer planning; (4) evaluation and treatment of symptoms of intoxication and withdrawal; (5) comprehensive community support services; (6) crisis or relapse prevention planning; (7) individual daily assessment; (8) case management; (9) management of a recipient's chronic disease, if medically necessary and clinically appropriate;

(10) urinalysis and breathalyzer testing, when specifically related to detoxification; and (11) development of coping skills in the recovery environment.

Patient Rights and Safety Standards

All facilities are required to develop a “bill of recipient’s rights” that is accessible to all treatment recipients. This document shall include the following: “(1) a recipient is entitled to participate in formulating, evaluating, and periodically reviewing the recipient's individualized written treatment plan, including requesting specific forms of treatment, be informed why requested forms of treatment are not made available, refuse specific forms of treatment that are offered, and be informed of treatment prognosis; (2) a recipient has the right to review with a staff member, at a reasonable time, the recipient's treatment record; however, information confidential to other individuals may not be reviewed by the recipient; (3) a recipient will be informed by the prescribing physician of the name, purpose, and possible side effects of medication prescribed as part of the recipient's treatment plan at the community behavioral health services provider; (4) a recipient may request a written summary of the recipient's treatment; that summary must include discharge and transition plans; (5) a recipient has a right to confidential maintenance of all information pertaining to the recipient and the right of prior written approval for the release of identifiable information.” In addition, other rights are guaranteed, including but not limited to, the right to voice grievances, privacy, communication, dignity, and the right to be free from restraint or seclusion unless certain conditions are met.

Quality Assurance or Improvement

DHSS requires providers to: “(1) have in writing (A) a service description, (B) a service philosophy, and (C) service goals; (2) establish procedures for crisis intervention, including screening recipients for risk to self or others; (3) provide clinical supervision to all personnel providing clinical or direct services to a recipient; and (4) conduct regular quality assurance reviews that (A) monitor the quality of the service; (B) monitor the appropriateness of service; and (C) are used to identify training needs and improve the quality of the service.” A behavioral health services provider also “must: (1) promote a culture within its own organization that promotes excellence and continual quality improvement; (2) establish policies and procedures for identifying and analyzing critical incidents and sentinel events; (3) collect data for the purpose of monitoring performance, managing risk, and improving service delivery; and (4) be able to show how the data collected under this section is used to implement changes that increase quality of care, manage risk, and decrease the number of critical incidents or sentinel events.”

Governance

DHSS requires providers to: “(1) establish policies and procedures for organizational governance and responsibility; (2) have an active governing body empowered to guide, plan, and support the provider in achieving its mission and goals; (3) have a written description of the provider's leadership structure, including a description of the roles and responsibilities of each level of leadership; (4) demonstrate effective leadership within all areas of the provider's organization by having leaders who (A) engage in both short- and long-term strategic planning; (B) communicate effectively with staff and recipients; (C) develop and implement policies and procedures that guide the business and clinical operations of the provider; (D) establish the mission and direction of the organization; (E) are responsible for ongoing performance improvement and achievement of established outcomes; and (F) solicit and value feedback from recipients, personnel, and other stakeholders to create services that meet or exceed the expectations of recipients; (5) comply with all federal, state, and local laws; and (6) be financially solvent and adhere to established accounting practices.”

Special Populations

Mental Health (MH): Not located.

Substance Use Disorder (SUD): The DHSS requires any SUD treatment facility receiving departmental approval to operate to be a dual-diagnosis capable or dual-diagnosis enhanced program.

Location of Regulatory and Licensing Requirements

Alaska Designation regulations², Alaska Behavioral Health Services regulations³, Alaska Civil Commitment regulations⁴. Regulatory data collected May 17, 2019.

Alaska Substance Use Disorder and Behavioral Health Program (SUD-BHP) and Implementation Plan⁵.

² See <http://www.legis.state.ak.us/basis/aac.asp#7.72.015>.

³ See <http://www.legis.state.ak.us/basis/aac.asp#7.70>.

⁴ See <http://www.akleg.gov/basis/aac.asp#7.72.010>.

⁵ See <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ak/ak-behavioral-health-demo-ca.pdf>.

Other Information Sources

T.A. Roth (Alaska DBH) and R. Calcote (DBH); National Conference of State Legislatures CON Program Overview, <http://www.ncsl.org/research/health/con-certificate-of-need-state-laws.aspx>

ALASKA MEDICAID

This summary of state regulations and policy represents only a snapshot at a point in time, is not comprehensive, and should not be taken to constitute legal advice or guidance. State Medicaid requirements are included at the end of this summary.

Approach

The Alaska Department of Health and Social Services (DHSS) Division of Health Care Services (DHCS) oversees the state Medicaid program. Alaska also has a Section 1115 waiver that affects reimbursement of residential services both within and outside Institutions for Mental Diseases (IMDs). It also has historically relied on Disproportionate Share Hospital (DSH) payments but not the in lieu of provision to reimburse certain services in IMDs.

Mental Health (MH): The Section 1115 waiver authorizes the state to implement additional services to enhance its behavioral health system for adults with serious mental illness, specifically for certain non-IMD services.

Substance Use Disorder (SUD): The Section 1115 waiver also permits Medicaid expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term residents in facilities that meet the definition of an IMD, including residential treatment.

Types of Facilities

Mental Health (MH): The Alaska Section 1115 waiver permits expenditures for Crisis Residential/Stabilization Services. These are expenditures for medically-monitored, short-term, residential program in an approved 10-15 bed facility that provides 24/7 psychiatric stabilization services. These facilities are not IMDs.

The Section 1115 waiver also permits expenditures for Adult Mental Health Residential (AMHR) Services.⁶ AMHR services are provided by an interdisciplinary treatment team in a therapeutically-structured, supervised environment for adults with acute mental health needs, diagnosed with a SMI or SED, whose health is at risk while living in their community. This authority does not apply to IMDs.

⁶ AMHRs are not included in the state licensing regulations but are part of the Section 1115 demonstration. It is unclear whether they yet exist.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, expenditures for otherwise covered services furnished to otherwise eligible individuals who are primarily receiving treatment and withdrawal management services for SUD who are short-term (statewide average length of stay of 30 days) residents in facilities that meet the definition of an IMD. These can be settings of any size. Expenditures for the following residential ASAM levels of care are permitted: Level 3.1. Clinically managed low-intensity residential substance use treatment services; Level 3.3. Clinically managed medium-intensity residential substance use treatment services; Level 3.5. Clinically managed high-intensity residential services; Level 3.7. Medically Monitored Intensive Inpatient Services; Level 3.2-WM. Clinically Managed Residential Withdrawal Management; and Level 3.7-WM. Medically Monitored Inpatient Withdrawal Management. These all can be delivered in a residential setting.

Processes of Medicaid Enrollment

To be reimbursed by Medicaid, providers must be enrolled as Medicaid providers and licensed and accredited as required by the Alaska DHSS. SUD residential treatment providers must be assessed/designated/certified by DHSS as delivering care consistent with ASAM or other nationally recognized, SUD-specific program standards for residential treatment facilities.

Staffing

Mental Health (MH): Adult Mental Health Residential (AMHR) Services. Pursuant to the Section 1115 waiver, a mix of providers may staff an AMHR. These may include: licensed physicians, licensed physician assistants, licensed advanced nurse practitioners, licensed registered nurses supervised by a physician or advanced nurse practitioner, licensed practical nurses supervised by a physician or advanced nurse practitioner, licensed mental health professional clinicians, substance use disorder counselors, behavioral health clinical associates or behavioral health aides, and peer support providers with specified credentials.

Crisis Residential/Stabilization Services. Pursuant to the Section 1115 waiver, these services are provided by, among others, licensed Crisis Residential/Stabilization Units.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state is required to establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding credentials of staff.

Placement

Mental Health (MH): Adult Mental Health Residential (AMHR) Services. AMHR services are appropriate for adults with acute mental health needs whose health is at risk while living in their community, including those who have not responded to outpatient treatment, who have therapeutic needs that cannot be met in a less-restrictive setting, or who are in need of further intensive treatment following inpatient psychiatric hospital services.

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a requirement that providers assess treatment needs based on SUD-specific, multidimensional assessment tools, such as the American Society of Addiction Medicine (ASAM) Criteria or other assessment and placement tools that reflect evidence-based clinical treatment guidelines. The state also must establish a utilization management approach such that beneficiaries have access to SUD services at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care, including an independent process for reviewing placement in residential treatment settings. The state will use the ASAM criteria and plans to require the ASO to develop a monitoring protocol, in partnership with the DBH. Thus, the waiver is the primary vehicle for ensuring that use of ASAM placement criteria occurs and is appropriately utilized. The waiver includes additional details by SUD residential treatment level regarding placement and assessment requirements.

Treatment and Discharge Planning and Aftercare Services

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state will use the ASAM criteria for treatment planning and SUD providers must conduct an assessment; develop an initial treatment plan; review the treatment plan and revise the plan as necessary at least every 90 days; document the results of the treatment plan review in the clinical record; and include the name, signature, and credentials of the individual who conducted the review.

Mental Health (MH) and SUD: According to the Medicaid regulations, providers must develop an individualized behavioral health treatment plan that is based on a professional behavioral health assessment, and that remains current based upon the periodic client status review.

Treatment Services

Mental Health (MH): For Crisis Residential/Stabilization Services, component services include: Individualized, person-centered assessment; Crisis Intervention services; Crisis stabilization services designed to stabilize and restore the individual to a level of functioning that does not require inpatient hospitalization; Psychiatric Evaluation services; Nursing services; Medication Services--including medication prescription, review of medication, medication administration,

and medication management; Treatment Plan development services; Referral to the appropriate level of treatment services.

For Adult Mental Health Residential (AMHR) services, component services include: Clinically-directed therapeutic treatment; A comprehensive evaluation to assess emotional, behavioral, medical, educational, and social needs, and support these needs safely; Medication Services-- including medication prescription, review of medication, medication administration, and medication management; An Individual Plan of Care that puts into place interventions that help the individual attain goals designed to achieve discharge from AMH at the earliest possible time; Cognitive, behavioral and other therapies, reflecting a variety of treatment approaches, provided to the individual on an individual, group, and/or family basis.

Substance Use Disorder (SUD): Under the Section 1115 waiver, beneficiaries will have access to high quality, evidence-based OUD and other SUD treatment services ranging from medically supervised withdrawal management to on-going chronic care for these conditions in cost-effective settings while also improving care coordination and care for comorbid physical and mental health conditions. The state must establish residential treatment provider qualifications in licensure, policy or provider manuals, managed care contracts or credentialing, or other requirements or guidance that meet program standards in the ASAM Criteria or other nationally recognized, SUD-specific program standards regarding in particular the types of services and hours of clinical care for residential treatment settings. The state must establish a requirement that residential treatment providers offer MAT on-site or facilitate access to MAT off-site. The waiver also requires that the state utilize the ASAM criteria for service types, for number of clinical hours per unit, and for therapies. The waiver implementation plan provides detail regarding component services, including but not limited to assessment, addiction pharmacotherapy and medication services (medication-assisted treatment), and counseling services. The state Medicaid regulations also provide detail regarding types of services that must be provided.

Care Coordination

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, beneficiaries will have improved care coordination and care for comorbid physical and mental health conditions. The state must ensure establishment and implementation of policies to ensure residential facilities link beneficiaries with community-based services and supports following stays in these facilities. According to the state Medicaid regulations, the department will pay for case management services under 7 AAC 135.180 on the same day as residential substance use treatment services.

Quality Assurance or Improvement

Substance Use Disorder (SUD): Pursuant to the Section 1115 waiver, the state must establish a provider review process to ensure that residential treatment providers deliver care consistent with the specifications in the ASAM Criteria or other nationally recognized SUD program standards based on evidence-based clinical treatment guidelines for types of services, hours of clinical care, and credentials of staff for residential treatment settings.

Special Populations

No Medicaid requirements were located other than the requirement in the Section 1115 waiver that care for comorbid physical and mental health conditions be improved by the demonstration.

Location of Medicaid Requirements

Alaska Administrative Code Chapter 135, Medicaid Coverage; Behavioral Health Services⁷.
Regulatory data collected October 23, 2019.

Alaska Substance Use Disorder and Behavioral Health Program (SUD-BHP).⁸

Other Information Sources

Kaiser Family Foundation. State Options for Medicaid Coverage of Inpatient Behavioral Health Services. KFF: San Francisco. November 2019 <http://files.kff.org/attachment/Report-Brief-State-Options-for-Medicaid-Coverage-of-Inpatient-Behavioral-Health-Services>

This state summary is part of the report “**State Residential Treatment for Behavioral Health Conditions: Regulation and Policy**”. The full report and other state summaries are available at <https://aspe.hhs.gov/state-bh-residential-treatment>.

⁷ See <http://www.legis.state.ak.us/basis/aac.asp#7.135>.

⁸ See <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ak/ak-behavioral-health-demo-ca.pdf>.